BEST AVAILABLE COPY

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR		THAN ENTITY	
TOTAL CLAIMS							Γ	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	ASIC FEI	385.00	ÖR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			. minus 20=		•			XS 9=		OR	XS18=		
NE	DEPENDENT C	LAIMS	minus 3 =		•		-	X43=		1			
_		NDENT CLAIM P	l		l			A43=	 	OR	X86=	 -	
								+145=		OR	-290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER		
_	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	9/3/04	REMAINING AFTER AMENDMENT		NUMI PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	
	Total	. 12	Minus		17	=		XS 9=		OR	X\$18=		
	Independent	. 5	Minus	***	3	= J_	-	X43=			X86=	1720	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PLE DEPENDENT C		LAIM	-	7432		OR	7,002	10-	
								+145=		OR	+290=		
			,				AD	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	1720	
(Column 1) (Column 2) (Column 3)												,	
AWICHUMENI B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID.	BER	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	
	Total		Minus	**		= .		X\$ 9=		OR	X\$18=		
	Incependent	•	Minus	***		Ξ	-	X43=			X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DE	PENDENT	CLAIM		\vdash	A45=		OR	700-	· · · · ·	
							- √	145=		OR	+290=		
				•		. •	. ADI	JOTAL DIT. FEE		OR:	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	าก: 21	(Column 3)	:		•	,			
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER. USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	AMENDMENT	Minus	**		= .	一	(\$ 9=		<u>_</u>	X\$18=	<u>, , , , , , , , , , , , , , , , , , , </u>	
1	Independent	•	Minus	***		= ·	-			OR			
ŀ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L'	(43=		OR	X86≒		
			٠.				+	145= -	·	OR	+290=		
		nn 1 is less than the					-	TOTAL		OR .	TOTAL	٠.	
•11	l the "Highest Nur	mper Previously Paid her Previously Paid	id For IN THI	S SPACE is	less that	n 3, enter *3.*		IT. FEE L	<u>_</u>	. "	ODIT. FEE		